

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK**

WILMINGTON TRUST, N.A.,  
as Securities Intermediary,

Plaintiff,

v.

Case 1:21-cv-01540-PKC-VMS

HERMAN SEGAL,

Defendant.

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**DECLARATION OF JAMES DONOFRIO**

I, James Donofrio, declare as follows:

1. I have personal knowledge of the matters set forth in this declaration, I am of sound mind, and I am otherwise competent to testify to these matters.
2. I am the Director of Jewish Funeral Services of Brooklyn located at 723 Coney Island Avenue, Brooklyn, New York 11218.
3. On November 7, 2018, Herman Segal called Rabbi Hartman, an employee of the funeral home, and Mr. Segal informed the Rabbi that his mother had passed away at Mr. Segal's home.
4. I then went in person to retrieve the body of Mr. Segal's mother at Mr. Segal's home, located 4115 Quentin Road, Brooklyn, New York.
5. At that time, Mr. Segal provided me with the identifying information for his mother, including her name (Sprinta Berger), birthdate, and social security number, which I included on the form attached as Exhibit A. This information was also included in the death certificate attached as Exhibit B.

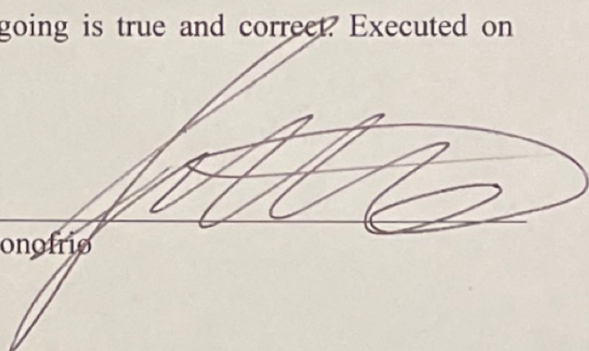


6. The body of Mr. Segal's mother was later transferred to Beth David Cemetery for burial.

7. Jewish Funeral Services of Brooklyn coordinated the interment of the body in the Burial Grounds of Yeshiva Rabbi Chaim Berlin, Map 1228, Section 1, Block 5, Row D, Grave # 10 in Beth David Cemetery.

8. Payment for the services Jewish Funeral Services of Brooklyn provided was received via check signed by Herman Segal. *See* Exhibit C.

I declare under penalty of perjury that the foregoing is true and correct. Executed on February 23, 2022.

  
James Donofrio

# EXHIBIT A

November 7, 2018 12:05 AM

DAY \_\_\_\_\_  
 PLACE OF SERVICE \_\_\_\_\_ TIME OF SERVICE \_\_\_\_\_

NAME: FIRST MIDDLE LAST			SEX	DATE OF DEATH		
SPRINTA BERGER			F	MONTH DAY YEAR		
				11	06	2018
PLACE OF DEATH		CITY OR VILLAGE	TOWN	COUNTY	STATE	
4115 Quentin Road		Brooklyn		KINGS	NY	
LENGTH OF STAY						
USUAL RESIDENCE	COUNTY	CITY, TOWN OR LOCATION	STREET & HOUSE NO.	ZIP	APT. NO.	INSIDE CITY
A. STATE	Somerset	Green Brook	24 Fairway Drive		08812	LIMITS OF 7C
	NJ					<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
SERVED IN U.S. ARMED FORCES		MARITAL STATUS (CHECK ONE)		NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
NO YES SPECIFY YEARS		1 <input type="checkbox"/> NEVER MARRIED 2 <input checked="" type="checkbox"/> WIDOWED				
0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> FROM TO		2 <input type="checkbox"/> MARRIED OR SEPARATED 4 <input type="checkbox"/> DIVORCED				
DATE OF BIRTH (MONTH) (DAY) (YEAR)		AGE AT LAST BIRTHDAY	IF UNDER 1 YEAR	IF LESS THAN 1 DAY	SOCIAL SECURITY NO.	
OF DECEDENT			MOS.	DAYS	HOURS	MNS.
JANUARY 14 1924		94				
USUAL OCCUPATION (Type of work done most of working life.)		KIND OF BUSINESS OR INDUSTRY		ALIASES OR AKAS		
Do not use "Retired"		Homemaker		OWN HOME		
BIRTHPLACE (City & State or Foreign Country)		EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death) *				
CZECHOSLOVAKIA		1 <input type="checkbox"/> 8th grade or less; none      4 <input type="checkbox"/> Some college credit, but no degree      7 <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th - 12th grade; no diploma      5 <input type="checkbox"/> Associate degree (e.g., AA, AS)      8 <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or 3 <input type="checkbox"/> High school graduate or GED      6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)      Professional degree (e.g. MD, DDS, DVM, LLB, JD)				
NAME OF FATHER OF DECEDENT			MAIDEN NAME OF MOTHER OF DECEDENT			
TZVI BERKOVITZ			SHRINZA BERGER			
NEXT OF KIN			RELATIONSHIP			
HERSCHEL SIEGEL			SON			
ADDRESS			TELEPHONE			
4115 Quentin Road Brooklyn 11234			917 750 8120			
INFORMANTS NAME			RELATIONSHIP			
M						
ADDRESS			TELEPHONE			
MAIL BILL TO: NAME			ADDRESS			

CARDIO PULMONARY ARREST

ATHEROSCLEROTIC HEART DISEASE

CASKET MFG. \_\_\_\_\_  
 MODEL NO. \_\_\_\_\_  
 DESCRIPTION \_\_\_\_\_  
 INTERIOR \_\_\_\_\_  
 RE-ORDERED BY: \_\_\_\_\_ DATE \_\_\_\_\_

VAULT MFG. \_\_\_\_\_  
 MODEL NO. \_\_\_\_\_  
 DESCRIPTION \_\_\_\_\_  
 ORDERED BY \_\_\_\_\_

### VETERANS INFORMATION

SERIAL NO. \_\_\_\_\_ RANK \_\_\_\_\_  
 ORGANIZATION \_\_\_\_\_  
 ENLISTED: DATE \_\_\_\_\_ PLACE: \_\_\_\_\_  
 DISCHARGED: DATE \_\_\_\_\_ PLACE: \_\_\_\_\_  
 FILED WITH V.A. \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT \_\_\_\_\_

### SHIP IN / SHIP OUT

FUNERAL DIRECTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FLIGHT INFORMATION: \_\_\_\_\_

CHAIM BERTH

1177

CEMETERY

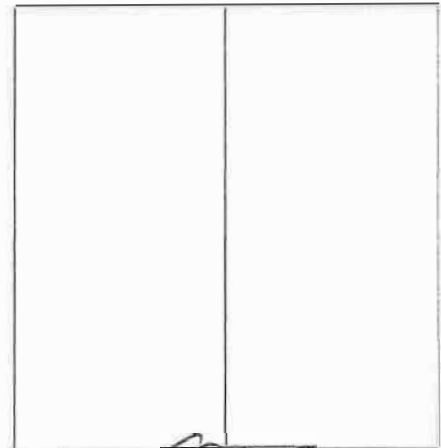
BLOCK 3 SEC 1 PLOT ROW GRAVE 10

NEXT TO BEHIND/IN FRONT

ORGANIZATION

PLOT OWNER MAP 1228

PERMIT FROM



SZMUL SIEGAL 03'  
 ISRAEL SIEGAL 87' X  
 S29AL

ROW D  
 GRAVE #

879-

ARRANGED BY: \_\_\_\_\_ DIRECTED BY: \_\_\_\_\_

REMOVAL BY: \_\_\_\_\_

HEALTH DEP'T. NO. \_\_\_\_\_

CERTIFICATE FILED IN \_\_\_\_\_

## EXHIBIT B



Certificate No.

1. DECEDENT'S  
LEGAL NAMESPRINTA BERGER  
(First, Middle, Last)DOHMH  
USE ONLY

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BOR
INST
MANNER
RESIDENCE
CODE
BP
LDIS
H
ANC
NH
ANC
ICD
AUT

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	2a. New York City 2b. Borough BROOKLYN	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival 4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) 4115 QUENTIN ROAD		
	Date and Time of Death NOVEMBER 7 2018	3a. (Month) (Day) (Year-yyyy)	3b. Time 12:05 <input type="checkbox"/> AM <input type="checkbox"/> PM	4. Sex FEMALE	5. Date last attended by a Physician mm dd yyyy 11 06 2018	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See Instructions on reverse of certificate.						
Name of Physician ELI INZLICH-SPREI (Type or Print)		Signature [Signature]		Date 11/07/2018		
Address 610 FOSTER AVENUE BROOKLYN NY 11230		License No. 159-200		Date 11/07/2018		
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	7a. Usual Residence State NEW JERSEY	7b. County SOMERSET	7c. City or Town GREEN BROOK	7d. Street and Number 24 FAIRWAY DRIVE	Apt. No. 08812	
	8. Date of Birth (Month) (Day) (Year-yyyy) JANUARY 14 1924	9. Age at last birthday (years) 94	10. Social Security No. 1 [REDACTED] 5373		7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") HOMEMAKER		11b. Kind of business or industry OWN HOME		12. Aliases or AKAs	
	13. Birthplace (City & State or Foreign Country) CZECHOSLOVAKIA		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			
	15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input checked="" type="checkbox"/> Widowed 7 <input type="checkbox"/> Other Specify		17. Surviving Spouse's/Partner's Name (if wife, name prior to first marriage) (First, Middle, Last)	
	18. Father's Name (First, Middle, Last) TZVI BERKOVITZ		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) SHPRINTA BERGER			
	20a. Informant's Name HERSHEL SIEGEL		20b. Relationship to Decedent SON		20c. Address (Street and Number) Apt. No. City & State ZIP Code 4115 QUENTIN ROAD BROOKLYN NY 11234	
	21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify		21b. Place of Disposition (Name of cemetery, crematory, other place) BETH DAVID CEMETERY			
	21c. Location of Disposition (City & State or Foreign Country) ELMONT, NEW YORK		21d. Date of Disposition mm dd yyyy 11 07 2018			
	22a. Funeral Establishment JEWISH FUNERAL SERVICE of BROOKLYN NY		22b. Address (Street and Number) City & State ZIP Code 723 CONEY ISLAND AVENUE BROOKLYN NY 11218			

VR 15 (Rev. 12/09)

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
CONFIDENTIAL MEDICAL REPORT

VR 15 (Rev. 12/09)

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by Physician

Certificate No.

23. Ancestry (Check one box and specify) <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify <input checked="" type="checkbox"/> NOT Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify JEWISH	24. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be) 01 <input checked="" type="checkbox"/> White 02 <input type="checkbox"/> Black or African American 03 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) 04 <input type="checkbox"/> Asian Indian 05 <input type="checkbox"/> Chinese 06 <input type="checkbox"/> Filipino 07 <input type="checkbox"/> Japanese 08 <input type="checkbox"/> Korean 09 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian-Specify 11 <input type="checkbox"/> Native Hawaiian 12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander-Specify 15 <input type="checkbox"/> Other-Specify
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SPRINTA BERGER  
DECEDENT'S LEGAL NAME (Type or Print)

25. CAUSE OF DEATH - List only one cause on each line. DO NOT ABBREVIATE.

a. IMMEDIATE CAUSE CARDIOPULMONARY ARREST	APPROXIMATE INTERVAL: ONSET TO DEATH
b. DUE TO OR AS A CONSEQUENCE OF ATHEROSCLEROTIC HEART DISEASE	

CAUSE OF DEATH-Enter the chain of events—diseases, complications or abnormalities—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.

IMMEDIATE CAUSE  
FINAL disease or condition resulting in death.  
Sequentially list conditions, if applicable, leading to the cause of death.

## EXHIBIT C



ESTATE OF MORRIS FELDBERG  
HERMAN SEGAL EXECUTOR

156

Nov 18, 2018

50-791/214

Date

PAY to the  
order of

Jewish F. Source

\$38102

thirty-eight hundred & ten

Dollars



Photo  
Safe  
Deposit  
Details on back

Capital One

Capital One, N.A.

For

*[Signature]*

RP

COLORAL CLASSIC